*Original Article*

# ATTITUDES, PERCEPTIONS, HABITS OF SMOKER, NON-SMOKER GENERAL PRACTITIONERS AND WHY THEY FAIL TO MOTIVATE PATIENTS TO QUIT SMOKING

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**ABSTRACT**

***Objective:*** To investigate attitudes, perceptions and habits of General Practitioners (GPs) who smoke and those who do not smoke cigarettes, with particular attention to smoking cessation.

***Methodology:*** Two physician groups were targeted: GPs who smoke and those who do not smoke. They were screened based on the inclusion and exclusion criteria. A unique country-specific questionnaire was developed to conduct a 20-minute telephonic interview. Survey was started from December 2006 and completed in May 2007. Simple statistical calculations were used to interpret the data.

***Results:*** GPs view smoking as the most harmful behaviour among the risk factors. 94% agreed that smoking should be classified as a medical condition and if it were so would encourage more smokers to quit smoking and they have suggested the need of prescription therapies for their patients to quit smoking.

***Conclusion:*** Significant discontent exists between physicians and smokers. The main cause of this discontent is physician perceived inability to provide successful solutions to quit smoking due to low awareness level and lack of training. This issue, when properly addressed, can be useful as an additional tool to aid patients in quitting.

**KEY WORDS:** General Practitioners, Smoking Cessation, Physicians, Attitude, Behaviours.

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## INTRODUCTION

Cigarette smoking is the largest preventable risk factor for morbidity and mortality in developed countries where at least one in four adults smokes cigarettes.[1] Over the past three decades, despite increased public knowledge about the adverse health effects of smoking, the majority of adolescents still experiment with cigarettes, and 89% of persons aged 30 through 39 years who ever smoked cigarettes on a daily basis reported having smoked their first cigarette by age 18.[2] Unfortunately, persons who begin to smoke at younger ages are among the heaviest tobacco users and thus experience higher mortality from smoking-related diseases.[3]

The role of cigarette smoking as a risk factor for several cancers and cardiovascular disease is well established.[4] Both direct and passive smoking is major causes of coronary heart disease for men and women.[5] Almost 1 in 4 strokes is directly attributable to smoking.[6] Men who smoke 20 cigarettes per day for more than six years are 22 times more likely to die from lung cancer compared with those who have

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never smoked.[7] Smoking is among several risk-taking behaviors associated with depression. [8] It may incur a significant economic burden to society.[9] The global health care costs resulting from tobacco use exceed $200 billion a year, more than twice the current health budgets of all developing countries combined.[10]

The World Health Organization has estimated that there are 1.25 billion smokers worldwide.[11] Low and middle-income countries, account for 82% of the world's smokers.[12] Tobacco use is common in Pakistan, with 54% men and 20% women using tobacco in one form or the other.[13] It is predicted that by the 2020s there will be about 10 million tobacco related deaths annually worldwide,[14] and most of the increase in deaths will occur in the developing Asian countries,[15] where the rate of tobacco consumption is increasing. Although much of this excess mortality from smoking can be prevented if smokers stopped smoking.[12] Healthcare staff plays an important role in educating public about health hazards of tobacco and in advising people to quit smoking.[16] The World Health Organization has advocated that physicians should not smoke cigarettes and surveys on this issue should be conducted among medical professionals.[17] As Pakistan is among the few countries where tobacco production and consumption is increasing enormously, there is an urgent need for health promotion and anti-tobacco education in combating the epidemic of smoking Therefore, we decided to investigate the attitudes of physicians towards smoking and smoking cessation and to gain insights of the key challenges that physicians face in helping smokers quit.

## SUBJECTS AND METHODS

The overall study entailed conducting 20-minute telephonic interviews with General Practitioners (GPs) from all over Pakistan. Two physician groups were targeted: GPs who smoke and those who do not smoke. We selected GPs from all over Pakistan based on the inclusion criteria. This included practicing physicians with no sub-specialty, practicing from 3 to 30 years, had a patient pool of 40 or more in a typical week and spent more than 80% of their professional time in direct patient care.
A unique five part country-specific questionnaire was developed. The first part was to investigate the perception of GPs towards smoking. Second part was related to their practice towards smoking. Perceived barriers & unmet need was the basis of the third part of the questionnaire while in the forth part reactions to quitting rate scenarios were explored. Personal smoking habits of the GPs especially current smokers were discussed in the last component of the questionnaire.

Telephonic interviews were started from December 2006 and completed in May 2007 during a period of six months. Simple statistical calculations were used to collect the data.

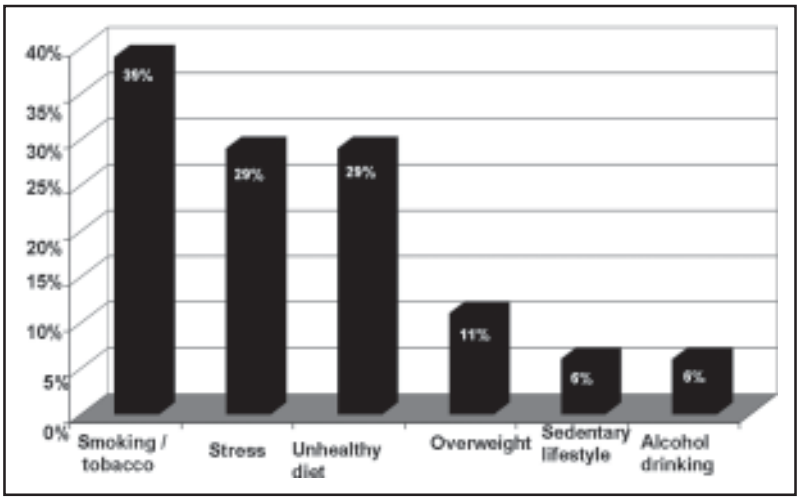


Figure-1: What do your patients do that is most harmful to their long term health (n=188)

Table-I: GPs Smoking Habits (n=68)

| *Parameter* | *Pakistan* |
|---|---|
| Average Cigarettes Per Day | 12.48 |
| 1 Cigarette | 9% |
| 2 - 5 Cigarettes | 38% |
| 6 - 10 Cigarettes | 12% |
| More than 10 Cigarettes | 41% |
| Average Years of Smoking | 18.76 |
| 1 - 5 Years | 16% |
| 6 - 20 Years | 34% |
| More than 20 Years | 50% |

## RESULTS

Out of the identified 285 GPs, 227 agreed to participate in the data. A response rate of 80% satisfies the criterion stipulated by the WHO that a survey among health professionals should have a sufficient response rate.[18] Thirty nine GPs who did not fit in the criteria were excluded therefore data was collected on 188 GPs.

*Perceptions of smoking:* Figure-1 shows that 39% of the Pakistani GPs view smoking as the most harmful activity to their patient's long term health, followed by stress and unhealthy diet in 29% cases each.

About 41% and 52% of the GPs view smoking as the most important and most difficult risk factor to treat respectively as is seen in Figure-2. 92% of the GPs view smoking as an addictive behaviour, while 94% of them recommend smoking should be classified as a medical condition and would encourage more patients to quit. Only, 55% of our GPs feel that smoking is a life-style choice.

*Clinical Practice related to smoking:* Only 24% of our GPs discuss smoking with their patients at every visit, while 42% of the GPs agreed that they discuss smoking with their patients only when the patient has a condition that is related to their smoking. The average time spent by a GP discussing smoking is 4.51 minutes.

*Perceived barriers & unmet need:* About 45% and 39% of the GPs tend to feel that lack of will power and peer pressure is the greatest barrier to helping patients to quit smoking respectively as is seen in Figure-3. Moreover, they do not agree that smoking leads to addiction and dependency in 21% case.

With regards to the stakeholders responsibility for helping patients quit, they assign responsibility on the GP and patients in 32% and 53% respectively. GPs realized (86%) that they are not appropriately trained to help patients quit

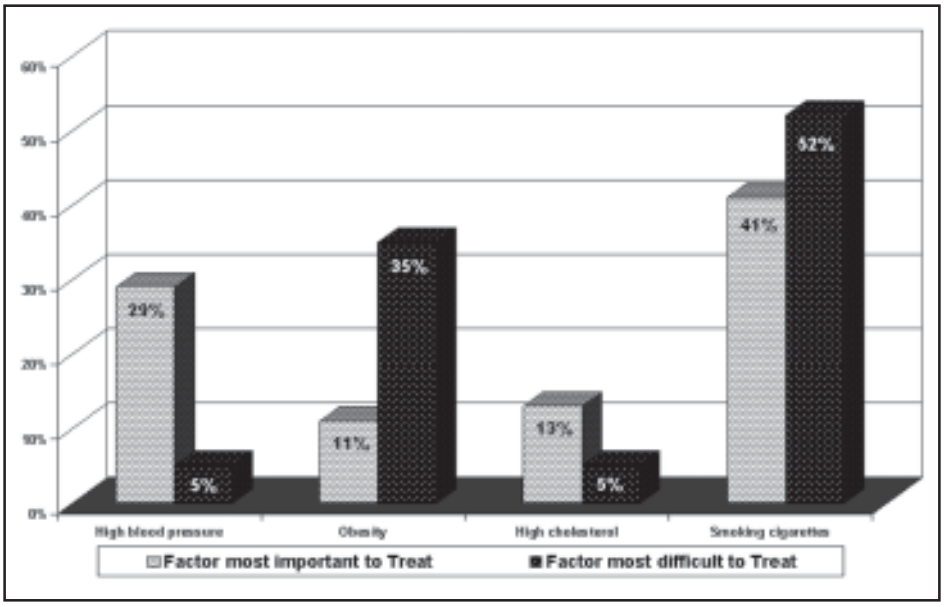


Figure-2: Risk factors in term of importance and in difficulty to treat (n=188)

smoking and also acknowledge the fact that they have other things to focus on which are a high priority then discussing the issue of smoking with their subjects (67%). They recommended more effective medication (92%), more widely publicized smoking cessation success rates (86%) and additional training to help patients quit smoking (97%).

*Reactions to quit-rate scenarios:* Higher proportions of Pakistani GPs have recommended prescription therapies offering 15% to 35% quit rates with a response rate of 66% to 93%.

*Personal smoking habits – Current Smokers:* 36% GPs who had confirmed that they are smokers themselves, on average consume 12.48 cigarettes per day and have 18.76 average years of smoking. Half of them have been smoking for more than 20 years as is shown in Table-I. and more than a quarter i.e. 34% of the GPs have never tried to quit smoking.

When asked about who is best placed to help smokers quit 50% of them responded that all doctors are equally placed while 21% replied that doctors who do not smoke themselves are in a better position to help their patients quit smoking.

## DISCUSSION

This survey is the first of its kind conducted at a national level in Pakistan to investigate the thoughts of GPs towards smoking. The outcomes of this study could provide new insights to help better understand physicians' attitude towards smoking as well as the key challenges that they face in helping smokers quit smoking.

It is also alarming to know that only 24% of our GPs discuss the hazards of smoking with their patients which is disappointing keeping in view the burden of smoking in our country. GPs tend to assign a higher level of responsibility for quitting on the patients 53% and less on themselves (32%). Their awareness level is very low (only 34%) with regards to the various methods available to quit smoking, because of the fact that the use of nicotine replacements has not yet become popular in Pakistan. They realize the need of training and 86% of them feel that they are not appropriately trained. Virtually all the GPs (97%) have recommended additional trainings to help them support their patients quit smoking. 94% of the GPs tend to agree that smoking should be classified as a medical condition and if it were so it would encourage more patients to quit. However, it is also a fact that a higher proportion of Pakistani GPs (66% to 93%) have highlighted the need of prescription therapies for their patients in the fight against tobacco smoking.

Smoking cessation is associated with clear health benefits and therefore should always be a major healthcare goal. Early intervention with effective treatment for tobacco dependence can reduce the prevalence of heart disease. Ultimately, this may also decrease the economic burden of treating cardiac illnesses. While advising smokers to quit, healthcare

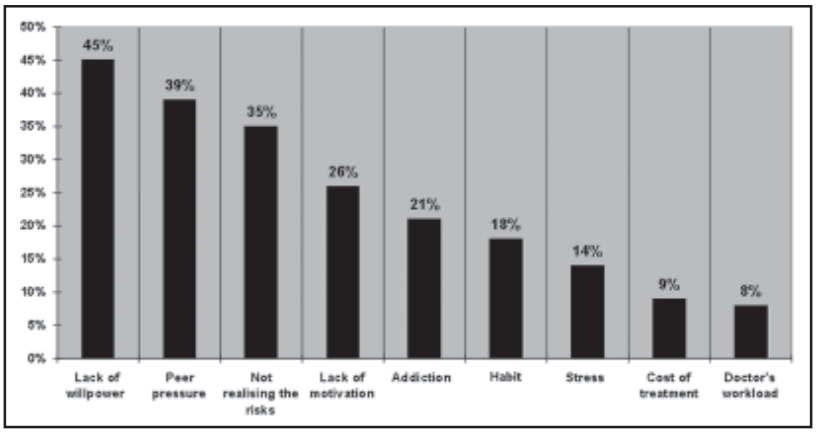


Figure-3: Greatest Barriers to helping patients quit smoking (n=188)

providers need to thoroughly explain the connection between smoking and associated risk factors. This issue, when properly addressed, can be useful as an additional tool to help patients in quitting. Health benefits of cessation are clearly present regardless of the age of smoking initiation, the age of smoking cessation, and daily number of cigarettes smoked among current smokers.

## CONCLUSIONS

Research to date indicates that a significant discontent exists between physicians and smokers. An important cause of this is physician perceived inability to provide successful solutions, and decreased motivation to both physician and smoker due to number of unsuccessful attempts. Quitting smoking is both physically and psychologically challenging and smokers need support on both fronts along their journey to successful cessation. Anti-tobacco policies have been shown to increase the number of smokers attempting to quit. Smoking free areas, public health campaigns and the role of healthcare professionals are the priority policy development areas identified to support this issue. Collaboration is needed to be developed between government & healthcare professional organizations to establish and promote guidelines, policies that encourage healthcare professionals to take a more active role in the treatment of Tobacco Dependence.

*Conflicts of interest:* This study was sponsored by Pfizer Laboratories limited, Pakistan which has recently launched a product to help quit smoking. Both the authors are working in the Medical Department of Pfizer Laboratories Limited, Pakistan.

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